

09151999-90004-030-\$550.00-\$550.00

MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000090135

Corporation Name

GLACIER ISLAND, INC.

Principal Place of Business

165 CHILEAN AVE
PALM BEACH FL 33480

Mailing Address

165 CHILEAN AVE
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1998

4. FEI Number

65-0873101

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property.☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMAS, CLAUDIA
165 CHILEAN AVE
PALM BEACH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	1.2 NAME	
3. STREET ADDRESS	1.3 STREET ADDRESS	
4. CITY-ST-ZIP	1.4 CITY-ST-ZIP	
5. NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	2.2 NAME	
7. STREET ADDRESS	2.3 STREET ADDRESS	
8. CITY-ST-ZIP	2.4 CITY-ST-ZIP	
9. NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	3.2 NAME	
11. STREET ADDRESS	3.3 STREET ADDRESS	
12. CITY-ST-ZIP	3.4 CITY-ST-ZIP	
13. NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	4.2 NAME	
15. STREET ADDRESS	4.3 STREET ADDRESS	
16. CITY-ST-ZIP	4.4 CITY-ST-ZIP	
17. NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	5.2 NAME	
19. STREET ADDRESS	5.3 STREET ADDRESS	
20. CITY-ST-ZIP	5.4 CITY-ST-ZIP	
21. NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	6.2 NAME	
23. STREET ADDRESS	6.3 STREET ADDRESS	
24. CITY-ST-ZIP	6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: THOMAS, V. TOMAS

PRESIDENT 9-5-99 (561-)

655-4400

CR2E034 (5/99)

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90004 030 ***550.00

